



Fruita Area Chamber of Commerce

432 East Aspen, Fruita, CO 81521

Phone: (970) 858-3894 membership@fruitachamber.org

www.fruitachamber.org

Fruita Chamber Membership Application

Please list the below information as you want it to appear in the Membership Directory and other publications.

DATE:

Business Name: _____

Website: _____ Social Media: _____

Street Address (for website & directory): _____

City: _____ State: _____ Zip Code _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Primary Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Secondary Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

*Who encouraged you to join the Fruita Chamber? _____

What aspect of membership interests you?

Have you been a Fruita Chamber member before? Yes No

Primary Directory Category: _____

Business Description (for directory):

Full Time Employees: _____ # Years In Business: _____ Veteran Owned Woman Owned

I am interested in: Networking Sponsorships Advertising Chamber Resources Events

I want to join: Government Affairs Committee Workforce Development Committee

Non- Profit (volunteer-only) \$ 135 Investor \$ 2,500

Connector* \$ 225
*19 or fewer employees

PCOC Joint Membership - Connector Package \$400

Leader \$ 550

PCOC Joint Membership - Leader Package \$1,000

Supporter \$750

Add On: Business After Hours Pass (12 Total) - \$50

Advocate \$1,500

Billing Preferences: ___ Invoice ___ Set Up Auto-Pay

TOTAL DUE \$ _____

Signature: _____

Title: _____

I agree to allow the Fruita Area Chamber of Commerce to contact me via email, phone, fax, or mail.

I understand that Chamber Membership is billed annually, and membership is valid for a full 12-months.